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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CASES OF IMPACTED CÆCUM AND COLON.

BY E. R. MAXSON, M.D., LL.D.,  
Of Syracuse, N. Y.

As most of the cases of this character, of long standing, to which I have been called, had been regarded and treated as other affections, I offer the following, which have fallen under my treatment during the past two years, hoping to throw some light upon the subject:—

June 28th, 1878, I was called to attend a boy, about nine years old, of good parentage, who was suffering from tuberculous meningitis, as was evident from all the symptoms of that disease being fully developed, but which I need not enumerate.

On inquiring into the cause, I found that from infancy he had been badly constipated; and for years had lumps in his bowels, which had been regarded as "tumors" of some kind, not defined.

He had, from infancy, suffered much from pain in his head, at times severe, and for several months before I saw him it had been intense, rendering him, by turns, delirious.

I discovered that the *cæcum* and *colon* were impacted, constituting the "tumors," and that the condition had been of long standing, evidently impairing digestion, and affecting the brain sympathetically, doubtless leading to the tuberculous meningeal condition in which I found him.

My prognosis was unfavorable, of course; even after having removed—by rhubarb and Epsom salts, with injections of warm water, containing

salt, lard, molasses and beef's gall, of each a tea-spoonful to the half pint—an enormous quantity of hardened scybala, entirely dispersing the abdominal tumors; for, though it gave him great temporary relief, as I anticipated and warned the parents, the tuberculous symptoms eventually passed on to a fatal termination.

October 24th, 1877, I was called to attend a highly respectable gentleman, about 50 years old, of a fair constitution and excellent habits, who had been in poor health for nearly ten years; having had little appetite, imperfect digestion, a fistula in *ano*, some cough, and during the entire period what he called a "hardened stomach," his mother having died of a similar affection.

He had been under treatment more or less of the ten years, steadily growing worse up to the time I saw him, when his case had been declared hopeless, mainly from his lungs having become tuberculous, though no matter had yet been expectorated, as appeared. I discovered that what had been regarded as a hardened stomach was really an impacted colon, as was clearly demonstrated by the effects of gentle laxatives, with electricity, which brought away nearly three feet in length of impacted feces from the colon, entirely removing the hardness, which having been felt most along the transverse colon, had been called a hardened stomach.

This impacted condition of the large intestine had evidently caused, mechanically and otherwise, the indigestion, loss of appetite, fistula in *ano*, marasmus, pulmonary vomice, etc. Its removal gave him great relief, and left the lung disease to lead on to a fatal termination.

On post-mortem examination I found a scrofulous-appearing tumor (*not scirrhus*), on the

duodenum, about two inches below the stomach, with a congested appearance of this portion of the small intestines, all evidently caused by the mechanical impression of the impacted colon on the part. And I have no doubt but that the fistula in ano was the direct and indirect result of the abnormal accumulation, as is often the case.

I was called, January 11th, 1878, by a gentleman, to attend his wife, about 50 years old, in the last stages of what had been regarded and treated as an organic disease of the liver, attended with a tumor of that organ. Her great distress, at the time, was enormous swelling and intense pain in her right leg and foot, for which she desired relief.

I found an impacted colon and cæcum, the latter pressing so heavily (now that she was in bed), upon the right iliac vein and lymphatics as to have caused the swelling and pain, the nerves, of course, being involved, directly and indirectly.

I very much feared that it had produced *scirrhous* of the pyloric extremity of the stomach or duodenum, as the impaction was evidently of long standing. The ureter of that side was evidently obstructed, as there was intense pain in the right lumbar region, with some swelling.

I gave her fluid extract of dandelion, 4 gm. (3*j*), every morning, and fluid extract of rhubarb and Epsom salts, of each, 4 gm. (3*j*), at evening, directing injections of warm water, with salt, lard, molasses and beef's gall, of each a tea-spoonful to 240, cc, (3 *vij*), at evening.

On the third day a large amount of partially softened scybala came away, relieving the right leg and foot of pain and swelling, and the kidney somewhat.

But simultaneously with this, the partially retained scybala, lodging in the descending colon, near the sigmoid flexure, caused a similar swelling, with pain, in the left leg and foot. But two days later, on removal of this retained matter, this also suddenly subsided, as did a pain and swelling in the left lumbar region, from a partial closure of the ureter by the mechanical pressure being thus relieved.

The tumor, which had been regarded as hepatic, had now subsided, except an induration in the pyloric region. And though the patient was now free from pain and swelling, and quite comfortable, she was little more than skin and bones, and died about a week later.

I made an examination, by request of the family, finding, as I had anticipated, *scirrhous* of the pyloric extremity of the stomach and com-

mencement of the duodenum, evidently the result of pressure of the fecal matter in the large intestine passing over it; the kidney of the right side being loosened, congested, and very much enlarged, from pressure upon its excretory duct. The *liver* was nōgmal; and so were all the other organs, except in so far as they were affected by the general marasmus.

I was called, January 26th, 1878, to see a prominent gentleman, about fifty years old, who had been very much constipated for several years, "blood and slime" passing instead of fecal matter, as they informed me.

During the year before I saw him he had run down, suffering the most intolerable tenesmus, and disposition for, without much, movement of his bowels; it having been necessary to draw his water, as I learned, a part of the time.

For twelve weeks before I saw him he had been confined to the house, and at last, more or less to his bed, his case having been regarded and treated, I believe, as dysentery. I did not find positive evidence of any abdominal tumor in this case, as the abdomen was so much bloated it was impossible to diagnose the case by palpation. But suspecting fecal impaction of the colon, I passed my finger into the rectum and found its veins nearly the size of my little finger, and also rectal ulceration.

My diagnosis was an impacted colon. And, with proper remedies, as in the other cases, I succeeded, within two weeks, in bringing away about half a bushel of intensely hardened scybala, which had evidently interrupted micturition, led to the intolerable tenesmus daily, caused the hemorrhoidal congestion and ulceration, and brought him to death's door, as it were, for all these unpleasant complications subsided with the removal of the retained matter, except the rectal ulceration, which was cured by touching, through a speculum, with nitrate of silver. In six weeks he was able to resume his accustomed arduous and responsible business, which he has pursued, with increasing flesh and strength, to the present time, I believe.

An invalid gentleman, forty-five years old, called on me May 13th 1878, from a distant city, of which he is a resident, to consult me in relation to an abdominal tumor, that had been diagnosed as a "loose kidney," as I learned from him, by many prominent physicians, it having been, however, previously poulticed for a long time, preparatory to opening as an abscess. The tumor occupied the right anterior abdominal region, being about the size of two fists, I think. I found that he had been badly constipated for a

long time before he discovered the tumor, which had been sore or tender and painful at times, now rendering him unable to work. My diagnosis was impacted scybala at the junction of the ascending and transverse colon, with possibly an intestinal tumor, as an effect of it, benign or malignant, but probably scrofulous. And with this view, I treated him on the principles already laid down, with laxatives, tonics, etc. On May 31st hardened scybala passed him, leaving the tumor about two-thirds its previous size. And again, June 14th, still more passed, reducing it to about one-third, so that he threw off his bandage or belt, which he had been obliged to wear, and under a laxative and tonic treatment rapidly regained his flesh and strength, enabling him to resume his responsible and arduous labors, which he continued until last autumn, when he again lost flesh and strength, having suspended treatment, and as I have since learned, by the advice of prominent physicians, who regarded the tumor as a loose kidney; he was without treatment through the winter and early spring of 1878 and 1879, except morphine, to quiet pain, which was intense, as I learned, from April 1st till I saw him, May 17th, 1879, when he was very low. Feeling confident that the tumor was connected with the intestine, and probably the result of the impacted colon, and of a scrofulous character, and fully satisfying myself that it had inflamed, suppurated and then contained matter, notwithstanding the high authority and positive assurance of his medical advisers to the contrary, I resolved at once to let the matter out. This I did by introducing the aspirator needle, when, with a very excellent instrument, I drew out 240 cc. (half a pint) of thick, scrofulous appearing matter, affording the patient instantaneous and almost perfect relief from the intense pain from which he had suffered for six weeks or longer. I gave him tonics and alteratives, directed a flannel about the abdomen, a solution of iodide of potassium, 8 gm. (3 ij) to the 30 cc. (3 j) of glycerin, to be applied to the abdomen morning and evening; and a small poultice to be kept over the puncture, with the hope of keeping it open for the discharge while there was matter.

The matter continued to flow from the puncture for two weeks, and he had improved steadily and rapidly. One week after I drew the matter he was in his garden; and June 13th, being less than a month, he came to see me, a distance of 130 miles; and since July 24th—the tumor having diminished in size, and the hectic, colliquative diarrhoea and night-sweats

having entirely disappeared, and his appetite having become excellent, gaining, from June 13th to July 24th, 29 pounds in weight—he has been engaged regularly in his former occupation, that of a railroad engineer, as I am informed.

The tumor may have been *hydatid*, and in that case might have caused the impaction of the colon. But from all the symptoms and circumstances, and from what I have found in other cases, it was probably the *result* of the accumulation of scybala in the colon, and of a scrofulous character, having thus inflamed and suppurated.

I never believed it was a loose kidney, as it was not like cases of that kind that I have examined, in this country and abroad, one of the most interesting of which I examined with the late Sir James Y. Simpson, in Edinburgh, another in this city, and still another in Geneva, a few years since.

Too much care cannot be taken in diagnosing such cases, as upon this depends the treatment or no treatment, and hence, often, the comfort, health, and even life, of the unfortunate patient.

June 1st, 1878, there was brought to this city, and placed under my care, a gentleman from a distant part of the State, 50 years old. He had been for a few months in a gloomy mood, and for the previous few weeks *insane*, and under treatment for it in two of the principal cities of this State and in a distant rural district, from which he was taken to an insane asylum, on a certificate of insanity from two of his attendants, of respectability, I believe.

But as no very favorable prognosis was given at the asylum, and as his friends were not pleased with some of the treatment there, the impression having prevailed, as I learned, that his insanity was from organic brain disease, which some of his symptoms might well have been suspected as indicating, he was brought to me.

I learned that insanity was hereditary in the family; that he would not eat, could not sleep much, and that his bowels had moved but once in two weeks.

Regarding this train of facts and symptoms as indicating incipient impaction of the colon, I induced him to take, freely, pills of aloes and rhubarb, two or three a day, which soon brought away a large amount of hardened feces, apparently relieving the brain at once. This treatment, together with pepsin, *blood* and *nerve* tonics, with a little cupping in the cervical and lumbar regions of the spine, fully restored him to reason within three weeks.

He gained about twenty pounds of flesh within

a month, leaving the city in good health and spirits, July 5th, one month and five days from the time I first saw him, and up to the last account I have had of him there had been no return of his physical or mental derangement.

It is not probable that the *impacted colon* in this case, had there not been a hereditary predisposition, would have produced insanity. But with it, and a slight spinal irritation, it was sufficient; and its removal effected a cure.

**DILATATION OF THE CAVITIES OF THE HEART, WITH PROBABLY SOME HYPERSTROPHY, COMPLICATED WITH EXOPHTHALMIC GOITRE, SUCCESSFULLY TREATED WITH DIGITALIS.**

BY D. FOSTER MORGAN, M.D.,

Of Clarksburg, W. Va.

**CASE.**—Miss C. D., aged fourteen, called me, July 21st, 1876. This girl has always been very delicate; had a severe attack of heart trouble four years since, from which she recovered. To-day I find her pale, anaemic; pulse at wrist cannot be counted; orthopnoea extreme; the violent action of the heart causes the bed on which she sits—she cannot lie—to shake so perceptibly that it can be distinctly seen across the room, a distance of ten feet; there is constant nausea and vomiting; great prostration exists; she has not slept for more than a week, except a few minutes at a time; appetite entirely gone. She has been treated, so I am informed, with calomel and digitalis in small doses, with no improvement, but she has grown worse for several weeks.

Resorting to the various means of physical diagnosis I find the temperature slightly below normal, pulse irregular, respiration hurried and distressing, amounting to forty-eight respirations in a minute; menstruation suspended for more than three months; slight leucorrhœa. She has dilatation of the cavities of the heart; and why? The heart is weak and feeble; there is stagnation of the vital current; there is congestion of the stomach, liver, kidneys and lungs. There is regurgitation, with valvular insufficiency. There is extreme anasarca; there are cold extremities; the heart's action is so irregular that I cannot count it, even by using a stethoscope; there is almost complete suspension of the urinary secretion; the bowels are constipated; there is chilliness at times; the veins of the surface are at times swollen; the pulse is small and irregular, and I represent it by dashes, dots and intervals, thus—

Now, that there is obstruction of the orifice is

rendered conclusive, from the following facts: The pulse is small and weak, and the regurgitation necessarily lessens the quantity of blood propelled into the aorta and its branches by the systole of the left ventricle; then the amount of blood contained in the left ventricle at the time of systole is sometimes so much diminished that the radial pulse is almost or quite lost; this condition is partly true in my case, but, in fact, there was a feeble intermittent pulse, yet no one could accurately count it. As regards volume and force, they were affected by an unequal supply of blood from the left auricle to the left ventricle; there was irregularity of the successive beats, due to deficiency of blood to the left ventricle, all of which denotes that contraction of the mitral orifice is in excess, and that regurgitation is in moderation.

In addition to the disorganized left cavities of this girl's heart, the extreme anasarca, dyspnoea, congestion of the stomach, lungs, liver and kidneys, indicate dilatation of the right cavities of the heart as well, which must be necessarily dependent on venous obstruction; and, in truth, I believe this to be true; and why? Because there was turgescence of the cervical veins; because the organs of digestion suffer severely from congestion, arising, as I believe, from dilatation of the right side of the heart; because the secretion of urine was nearly entirely suspended, from a similar cause; because the patient complains of palpitation and smothering; because the heart's action seems violent and strong when the hand is placed over the precordia; and finally, there is a slight double murmur, which may often happen in dilatation as well as in hypertrophy. There was not a trace of albumen in the urine; the latter fluid was acid.

I considered this case almost hopeless, and so informed the girl's mother, who desired me to do something for her, if possible; and, in fact, I prescribed for her with much misgiving.

**Treatment.**—I immediately placed her on infusion digitalis, as follows:—

R. Inf. digitalis, f.  $\frac{3}{4}$  ss  
Potass. bitart., gr. exx.

Every six hours.

I saw this girl again on July 24th, three days after placing her upon treatment, and to my surprise her condition was much improved. Her mother informed me that after taking the first dose infusion digitalis the heart became more quiet and steady; she was enabled to lie in a semi-recumbent position, and slept a portion of the night, and to-day feels much refreshed; she

is eating a little. Urinary secretion partially restored, and even so soon the dropsical symptoms are disappearing. I cannot yet get the true number of pulsations at the wrist nor over the precordia. I prescribed, as additional—

R. Ext. bellad., f.  $\frac{2}{3}$  ij.  
Tr. digitalis, f.  $\frac{2}{3}$  vj. M.

SIG.—Six drops after meals, in water.\*

R. Sol. ferri. et strychniae, f.  $\frac{2}{3}$  j.  
Elix. calisaya, f.  $\frac{2}{3}$  j. M.

SIG.—Teaspoonful before meals.

R. Emp. bellad. No. 1. Apply over praecordia.

A word as to the belladonna plaster, which many professional gentlemen ridicule. I find it a great quieter of nervous irritability, and of late, in all cardiac difficulties, apply it over the region of the heart; often, it is true, to assist me in diagnosis of these obscure cases, because it seems to me that it controls very well any purely nervous palpitation, and thus enables me to get more truly to the diagnosis of organic disease, if there be any. July 30th, patient still improving. Continued treatment.

August 10th, patient very much improved; the actual pulsation can now be ascertained, and I find the pulse to be 92: respiration much reduced in frequency; dropsy still diminishing. Patient went on improving daily until October 6th, when I omitted all treatment, except inf. digitalis, twice daily, and from this period on the improvement was rapid; the kidneys resumed their normal action, the dropsy rapidly disappeared, the heart's action became more quiet and regular; still there is dilatation and murmur. Menses returned very slightly; leucorrhœa disappeared. October 15th, I resumed tr. bellad. et tr. digitalis, in addition to infusion digitalis. Noon, 15th, placed her on bitter tonics and iron, by which she rapidly improved. She was soon able to be out of doors and visit her friends, and at date of my last note, February 28th, 1877, she has gained much flesh and is doing a considerable amount of house-work.

I claim for this case that digitalis is almost a specific in dilatation of either right or left ventricle of the heart, if given in sufficient quantities; and again, from what I know and have seen of hospital practice, the infusion is the particular preparation which gives the most satisfac-

\* The formula for sol. ferri et strychniae is one I have used for years, and made as follows: I have it put up in quarts, for dispensing:—

R. Strychniae muriatis, gr. vj.  
Acidi muriatii, q. s. M. et take.

Add B. Tr. ferrilchlor, f.  $\frac{2}{3}$  ij or iv  
Glycerin, f.  $\frac{2}{3}$  iv  
Aqua dest., f.  $\frac{2}{3}$  xxv. M.

tory results. Now, before treating this case I had not used this remedy extensively, and had read and heard so much of its cumulative effects that I was really afraid of it; but I can now say, after a much more extensive use of it, that I have never seen the slightest unpleasant symptom, nor have I, so far, met with any gentleman in the profession who has complained of any untoward action of this drug. I discharged this patient Febrary 28th, 1877, and for more than two years I have not seen her; twice in this interval her mother has written me in regard to her condition; once she was suffering from a common cold, and the mother was apprehensive of a return of all her former troubles. The last time she wrote, January, 1879, she said there was some return of the dropsy, the heart was unsteady, etc. I prescribed—

R. Scoparius, fluid ext., f.  $\frac{2}{3}$  ij.  
Fluid ext. digitalis, f.  $\frac{2}{3}$  ij. M.

SIG.—One-half teaspoonful three times daily. I have heard nothing more directly from the patient, but am credibly informed that her health is good as common.

May 20th, 1879. Since writing the above paper this young lady informed me, through her brother, that she is again in poor health, and there is some anasarca, with many of the old troubles. I prescribed infus. digitalis as before, ordered a belladonna plaster to the praecordia, and gave in addition—

R. Ext. jaborandi, f.  $\frac{2}{3}$  j.  
Ext. tarax., f.  $\frac{2}{3}$  ij.  
Ext. bellad., f.  $\frac{2}{3}$  ij.  
Tr. cinchonæ, c., f.  $\frac{2}{3}$  ij. M.

SIG.—Teaspoonful three times daily. with instructions to report in ten days, and if not better I would see her. I have only learned that she regained her usual health.

#### SUB-EARTH VENTILATION, AS APPLIED TO HOSPITALS.

BY J. WILKINSON, C.E.,  
Of Harvard, Ill.

[At the request of the editor of this journal, Mr. Wilkinson has prepared the following brief description of his method of purifying air and maintaining it at an equable temperature, in its application to hospitals. His plan deserves careful attention from those engaged in hospital construction.—ED. REPORTER.]

My system of ventilation, the symbols of which are S. E. V., was first given to the public in 1874. Its use was, however, mainly confined to milk houses for a period of two years, in

which field it is very profitable and popular. It has since been applied to a variety of purposes, and has fully met the requirements in all cases. The characteristics developed in its use, for tempering and purifying the air of dwellings, have been seen and carefully investigated by numerous intelligent medical gentlemen, and all emphatically assert the opinion that "for hospital purposes it is apparently peerless."

The characteristics of S. E. V. are—

1st. An unlimited volume of atmospheric air may be perpetually supplied to a building, or any number of apartments, at a uniform temperature of about  $50^{\circ}$  above zero, Fahr.: *i.e.*, by a properly arranged duct, placed at a proper depth below the surface of the earth, say about twelve feet, and about 350 in length, and with a transverse section in proportion to the volume of air to be transmitted in a given time, moving at the rate of about one hundred linear feet per minute, any amount of air required may be transmitted, tempered, purified and delivered.

2d. The air passed through a subterranean duct is found to be peculiarly affected hygrometrically. Carefully conducted experiments, in the use of reliable instruments, have demonstrated the following facts:—

Where the ducts are laid in the virgin soil of rural districts, and they are constructed with an earth bottom, as I construct them, and, if the soil of the bottom of the trench in which the duct is to be constructed is other than clay, it is surfaced with it a few inches in depth, the air from such ducts is superlatively pure; in fact, it is rarely found in nature of an equal degree of purity.

These ducts are found to possess the quality of alternately absorbing from, and giving off moisture to, air passed through them, by which an equable hygrometric condition in the air is maintained. It has been found that when the exterior atmosphere is saturated with moisture, or is at the dew point, air, while being cooled in its passage through the duct, is deprived of its moisture so as to show a difference of from four to five degrees between the wet and the dry bulb thermometers of the psychrometer, the dry bulb showing  $61^{\circ}$ , in an insulated apartment, and the wet bulb  $57^{\circ}$ . This experiment was made when the exterior atmosphere was  $65^{\circ}$  and the wet bulb thermometer showed  $65^{\circ}$ , indicating that the air was charged to its fullest capacity with moisture.

Again, when the external air was  $80^{\circ}$ , and there were several degrees difference between the wet and dry bulbs, indicating extreme dryness of the air, the relative difference of four to five de-

grees was maintained in the building, as indicated by the psychrometer.

These two results, obtained with reliable instruments, under such opposite hygrometric conditions of the atmosphere, prove the positive ability of the subterranean air duct to produce and maintain in the air it supplies\* an equable hygrometric condition, an all-essential factor among the numerous hygienic requirements of a hospital.

3d. Another remarkable characteristic of this system is the established fact, that by passing air through an earth duct, artistically arranged, an electrical condition which often obtains during the warm season, which precipitates ferments, and produces premature acidification in milk set for creaming, and a coagulation in the milk so dense that it mechanically prevents cream from rising, occasioning a loss of millions of dollars annually, is entirely averted. This loss occurs at a time when the air is in a condition called "muggy," and when electric discharges are frequent and violent, and all breathing animals evince great languor. When the thermal and electrical conditions of the atmosphere described prevail externally, that of an insulated apartment, sub-earth ventilated, is as dry, bracing and buoyant as nature's best.

A device capable of developing and maintaining in the atmosphere the characteristics described cannot but be invaluable, in a sanitary point of view. No other means has ever been devised by ventilating engineers by which such results have been secured, and such adaptability of the atmosphere for human occupancy, especially for the use of persons who are demented or physically abnormal.

I have offered gratuitously to furnish plans for one hospital for each city in the country infected with yellow fever, also full plans and specifications for constructing the tempering and ventilating apparatus. The non-acceptance of my offer by those to whom it has been made, who are identified with the care of the sick in hospitals, has elicited expressions of great surprise by parties who are using sub-earth ventilation in dwellings, that it should not have been generally availed of for hospital ventilation.

In cities and villages, where the soil is liable to be charged with gaseous impurities, close iron pipes are used for the sub-earth air ducts. The pipes may be very light, as they are under no internal pressure.

Some of my devices provide for supplying to and removing from longitudinal shelves within the close pipes, clay and other deodorizers and

disinfectants, by which the purifying influence of the natural earth on the air passed through ducts with earth bottoms is not only equaled, but it is really excelled.

In conclusion, I repeat the offer to gratuitously furnish full plans and specifications for supplying sub-earth ventilation to a hospital building adapted to the system, in any part of the country, also a free right to the use of all my patented devices.

Where a new hospital is required in which sub-earth ventilation is to be used, I will furnish the plans for the same for three and one-half per cent. on the cost of the building, and will embrace sub-earth ventilation in the plans.

It can be applied to any building, but better applied, and at less cost, in new ones.

## MEDICAL SOCIETIES.

### BRITISH MEDICAL ASSOCIATION— SECTION OF SURGERY.

(Continued from page 252).

The Section was opened by Dr. L. A. Sayre, of New York, by a discussion of

#### The Diagnosis and Treatment of Joint Diseases.

He said that he would confine his observations to the joint diseases generally termed scrofulous, such as strumous disease of the ankle joint, white swelling of the knee joint, hip joint disease, and Pott's disease of the spine. All these diseases were generally considered to be dependent on a constitutional dyscrasia. But, Dr. Sayre would ask, if this were true, how was it that many patients, after recovery from hip-joint disease, were ever afterward perfectly well and sound. The family history of many of these cases could be traced back for generations, without any trace of scrofula or any other debilitating affection. In Dr. Sayre's experience, disease of the joint is the result of injury, often very slight. If it be a concussion, an extravasation of blood occurs, which undergoes degeneration and acts as a foreign body, and the cartilage may become loosened and necrotic. Or the injury may be a severe wrench, with laceration of the fibrous tissues and effusion of serum or blood. In either of these instances there is the starting point of a chronic inflammation, especially if the injury be so slight as not to attract attention, because then the proper treatment is not applied at the time when the injury is received. The degenerative processes going on in and about a slightly injured joint produce constitutional disturbance before the local manifestations attract attention; and hence these local manifestations are regarded as the result of the constitutional dyscrasia. Even in strumous subjects, there must be some local injury before disease of a joint can occur. Scrofula will not produce it spontaneously; although scrofula, whether congenital or (as Dr. Sayre believed

to be often the case) acquired in consequence of bad hygienic conditions, etc., necessarily develops any disease or accident from which a patient may suffer. In the treatment, the first point to be attended to is the employment of extension and counter extension, carefully regulated so as to readily relieve the parts from pressure, as indicated by the comfort of the patient. The next great element is rest, as complete and perfect as can be given to the parts. Mercury in minute doses is a valuable tonic; and iron, cod-liver oil and quinine may often be added with great advantage. Friction and elastic compression are also useful in certain stages. If the effused fluid has undergone degeneration, it should be removed by the aspirator. If this cannot be done, the joint should be incised, under the antiseptic spray, and washed and dressed according to Lister's method. If caries or necrosis set in and continue to make progress, extenction of the diseased parts is the only remedy.

The subject was discussed by Mr. Owen, of London, Dr. Barton, of Dublin, and Dr. Hodgen, of St. Louis. The latter desired, as far as possible, to settle the difficulty that seemed to exist between Professor Gross and Professor Sayre. Dr. Sayre said that it was utterly impossible that *morbis coxarius* could be regarded as being derived from scrofulous parents. Dr. Gross said that it was impossible that local injury could produce it. Now, it might appear that those two propositions were very different; and yet to him (Dr. Hodgen) it appeared that they were not greatly opposed; for it seemed that Dr. Gross only insisted that, without a constitutional condition favorable to that particular disease, that particular disease could not occur; while Dr. Sayre said that the existence of a peculiar condition of liability to the disease was greatly increased when the individual was subjected to an accident. Both would accept this proposition: that, if there were not this condition of the system rendering it liable to this particular disease, no amount of force would develop it; and that, when a certain condition of the system existed, a very trifling injury would cause *morbis coxarius*.

Mr. R. W. Parker, of London, read a paper on

#### Subcutaneous Osteotomy in Children.

Mr. Parker was attached to the East London Hospital for Children, and would say that, out of a large number of osteotomies performed on children varying in age from three to thirteen, he had never lost a case; and in only one instance had there been any suppuration. This one exception had been a severe case of erysipelas, which, however, yielded to treatment, and the boy finally made a good recovery. It was now generally admitted that the cause of *genu valgum* lay in a hypertrophic lengthening of the internal condyle of the femur; and although this fact had long been known, it had never occurred to surgeons to utilize the knowledge for the correction of the deformity. Mr. Parker thought that a special acknowledgment was due to Dr. Ogston for having thought out this treatment, and for his boldness and success in putting it into practice. It was no doubt

the first step in the right direction in the treatment of this disease. Personally, however, he had not adopted Ogston's operation, but the modification of it first performed by his colleague, Mr. Reeves, and described by the latter gentleman, in the *British Medical Journal*, as "subcutaneous extra-articular osteotomy." This operation was a less serious one than Ogston's, and just as effective. He (Mr. Parker) believed that in children the operation could be performed without entering the joint; for the layer of encrusting cartilage, together with its synovial lining, would stretch rather than crack sharply off, as was probably the case in adults. Fortunately for his patients, he had had no opportunity of putting this opinion to the test of the post-mortem room.

A careful paper on

#### Colles' Fracture

and other fractures of the lower end of the radius was presented by Dr. E. H. Bennett, of Dublin. The author discussed particularly the bearing of comminuted fractures on the disputed question of impaction, showing that the proportion of comminuted to simple fractures is greater than has been admitted by Smith, and that the majority of these fractures present a remarkable constancy in their pattern. He demonstrated that the simple fracture without impaction, and the fracture with impaction only posteriorly, occur as seen in the specimens exhibited by the College of Surgeons; and again, that in comminuted fractures reciprocal penetration of the fragments, contrary to Voillemier's opinion, is the more frequent form of impaction. The following complications of Colles' fracture were shown to be present in the exceptional cases: 1. Necrosis of the lower fragment occurring in the simple fracture; 2. Fracture of the shaft of the radius and of both bones of the forearm; 3. Fracture of the styloid process of the ulna. With reference to the last of these complications, he showed that the fracture of the ulna is probably the result of traction exercised by the lateral ligament of the wrist; that the fractured styloid process unites commonly by ligament, with very trivial displacement. The specimens of the second group presented, in two instances, the features of the "articular fracture" of Gordon; in two, they agreed with the figure of Voillemier, being the reverse of Colles' fracture. The separations of the radial epiphyses were, in two cases, accompanied with the casts of the deformities presented by the limbs during life. The author briefly pointed out the diagnosis of this injury in the living from Colles' fracture; a distinction recently asserted to be impossible. The specimen of united epiphysary separation, if so rightly interpreted by the author, showed that in this instance only, in the entire series, was the relation of the radial and ulnar styloid processes preserved. The fracture of the styloid process of the radius was shown as of interest from its rarity and the small amount of deformity attending its union.

Dr. Meldon read a paper on

#### Intravenous Injection of Milk,

which was illustrated by five cases operated on by him. The first was one of exhaustion after

typhoid fever. The second and fifth were patients in the last stage of phthisis, and in both life was considerably prolonged by the operation. The third and fourth were cases of anaemia, in both of which life was saved by the transfusion of milk. In the three last cases goat's milk was used, to which was added carbonate of ammonia. Dr. Meldon reviewed all the cases on record in which milk had been transfused, and made an analysis, showing the large proportion which have been successful.

In a discussion on

#### Poro-plastic Splints,

Mr. W. Adams said that in diseases of the spine these seem to be much superior to plaster-of-Paris. Dr. MacEwen, of Glasgow, suggested paraffin jackets. It could be laid on with a bandage, and by pouring cold water over it would in five minutes become as hard as bone. If necessary, the paraffin could be cut off; and it might be taken off at night and put on in the morning. He had, in some cases, kept on such jackets for three or four months, and found them very fair. Its method of application was very easy, and although a little dearer than plaster-of-Paris, it did not break down as often as the latter did. Besides, when a jacket had served its purpose, it could be melted down, and the paraffin would be as good as new.

Dr. Edwyn Andrew called attention to the use of

#### Medicated Ice.

He pointed out the advantages in certain surgical and medical cases of employing moulded or unmoulded ice; the cold being rendered more effective by being combined with the active principles of drugs, and this combination obtained by freezing various medical solutions. In operations, ice by this means may be rendered highly antiseptic, caustic, or styptic, etc., or these properties may be combined; it may be moulded into various forms, which can be readily handled and applied to parts of the body not easily reached. In medical cases, especially of the throat, stomach, and hemorrhages from internal organs, ice may be thus pleasantly used to relieve symptoms, and convey at the same time medicine and food to the stomach, when the latter would resist them in any other way.

In the sub-Section of Ophthalmology, Dr. J. R. Wolfe, of Glasgow, read a paper on

#### Obviating the Complications of Cataract Operations.

The risks attendant on operations for cataract were described as being connected with—1. The cornea; suppuration and sloughing of which may occur from various causes. 2. The iris; inflammation and destruction of the eye may arise from injury of this membrane during the operation, or from its subsequent prolapse into the wound. 3. The vitreous humor; which may be lost from the effects of disease, or the use of force. 4. The lens; which may sink or injure some of the structures in its exit, or its *débris* may cause panophthalmitis and collapse. The operation must be planned so as to avoid these risks, and the incisions and other steps must be adapted to the circumstances of each case. In *infantile cataract*, after opening the capsule widely, and allow-

ing the aqueous humor to soften the lens for two or three days, Dr. Wolfe removed it by means of a broad needle. This did away with all necessity for introducing instruments through the cornea for the removal of soft cataracts. In *senile cataract*, he generally performed iridectomy downward, two or three weeks before the extraction, in such a way that there was no risk of the iris being invaginated in the wound. In the extraction, he exposed the eye by means of a speculum, and fixed it with forceps. With von Gräfe's knife he made the incision at the junction of the cornea and sclerotic (including a line more than the third part of the corneal circumference), but did not complete it, leaving a small bridge. In withdrawing the knife, he opened the capsule widely with the point. Substituting his thumb and finger for the speculum, and using a cystotome, he made sure that the capsule was thoroughly opened, and then completed the corneal incision with another knife, and, by gentle pressure and counter-pressure, made the lens advance to the opening. He avoided giving chloroform, if possible. In *traumatic cataract*, when the lens was *in situ*, he made an iridectomy, and extracted it subsequently. When dislocated forward, he removed it without interfering with the integrity of the pupil. When it was dislocated backward, he brought it into the anterior chamber with a needle, and extracted it through a small corneal incision, not interfering with the iris, unless any injured portion of it called for removal.

#### Tobacco and Alcoholic Amblyopia.

Dr. Hirschberg (Berlin) opened the discussion on this subject. He said that much attention has been devoted to it since amaurosis from smoking was described by Mackenzie; and there has been, both in England and abroad, much difference of opinion regarding the share to be assigned to tobacco in the causation of certain well-known and common cases of failure of sight. While von Gräfe and many of his followers in Germany were drawing out the symptomatic differences between progressive atrophy and benign amblyopia, other observers, especially Hutchinson and others in England, worked at the natural history of the latter class of affections, and established the fact that abstinence from tobacco was followed by cure in most cases. Förster, uniting these two points of view, has given much greater definition to the subject, and shown that tobacco causes a symmetrical defect in the central part of each visual field, which accounts for all the symptoms, and which disappears partially or entirely when smoking is abandoned. The speaker had confirmed and amplified Förster's observations. He maintained strongly that tobacco is the cause of the majority of cases of amblyopia which present the following features: failure of both eyes alike, with nearly central scotoma and corresponding defect of color-perception, without any contraction of the visual field, never passing on to complete blindness, accompanied often by other symptoms of chronic nicotism, and improving or disappearing when tobacco is relinquished. In a minority of cases alcohol appears to be the cause; but the defect of the field in these is thought to be more truly central than in the tobacco cases. In a very few

cases symptoms exactly like those from tobacco and alcohol occur without the operation of either of these causes.

In a paper by Mr. H. R. Swanzy, on

#### Color Blindness,

He stated that the method of Professor Holmgren, of Upsala, has received the greatest meed of popularity. It is conducted by means of colored wools, which are to be sorted according to a system, the two chief tests being by a skein of pale green wool and one of purple wool. By this means the color sense of an individual may be tested in the space of a minute or a minute and a half, while no word need be uttered on either side, and a large roomful of other people about to be tested may look on without vitiating the tests. There is also a method much in use in these countries, upon railways, etc.; it consists in a card with four colored squares, red, green, yellow and blue, to which the correct names are to be given. This is a bad method, for color-blind persons are often able to name colors correctly by virtue of a certain brightness which one color possesses as compared with another. Again, some uneducated people are not familiar with the names of colors, and in this way many seem, with such a test, to be color blind when not so. Holmgren, Cohn, Magnus and Joy Jeffries have been the principal observers of late as to the frequency of color blindness. Donders, Fontenoy and others have also examined large numbers. The percentages given by these observers was, among men, from 2.87 to 6.6. Among women color blindness is extremely rare. The highest percentage for them is given by Dr. Minder at 1.3. Cohn, in 1061 females, did not find one color blind; Magnus only one in 2216; and Joy Jeffries four in 7942. Mr. Swanzy had examined 1320 persons by Holmgren's method; of these ninety were women, and none of them were color blind. Of the 1320 males, eighty-two were more or less color blind, or a percentage of 6.6.

Dr. H. Macnaughton Jones gave his experience with a number of

#### New Alkaloids

used in ophthalmic surgery. He had found eserin useful in the various forms of corneal ulcer, especially marginal with suppurative tendency; in ulceration with perforation and collapse; in traumatic inflammation of the cornea, and suppurations of the corneal wound after cataract extraction; in mydriatic states, diplopia, asthenopia, aberrations of accommodation; and in glaucomatous states. The preparation used was the hydrobromate. He had employed a solution of gelsemin (six grains to the ounce) for ophthalmoscopic purposes, thus avoiding the inconvenience of the prolonged action of atropin. It sometimes produced marked motor disturbance, and slight conjunctival irritation, but these soon passed off. He had tried sulphate of duboisin in cases in which atropine was indicated, and had found it to have a beneficial action in keratitis, corneal ulcer, and in inflammatory painful states. It had been successful where atropin had to be relinquished on account of the irritation which it produced. He had never met

with an instance of the toxic effect of atropin in ophthalmic practice.

Mr. Vose Solomon (Birmingham) said his experience with eserin had taught him that it was of use sometimes in simple glaucoma, for reducing the tension, while sometimes it rather aggravated the symptoms. It often caused intense pain, and frequently produced conjunctival irritation. Daturin Mr. Solomon found to be as apt to cause irritation of the conjunctiva as atropin was.

Mr. G. E. Walker (Liverpool) thought eserin useful in preventing prolapse of the iris after cataract extraction and in glaucoma. He employed a solution of eserin of four grains to the ounce of water, instilled into the eye, before performing cyclotomy for glaucoma. He thought that the action of eserin disproved Doder's theory, according to which accommodation of the eye for distant objects was a passive action.

Dr. Edwyn Andrew (Shrewsbury) said he found that the use of eserin was liable to cause posterior synechia. He used the alkaloids, not in solution, but in the form of ointment, with vaseline as its base. By this means decomposition of the alkaloid was prevented.

Mr. Swanzy (Dublin) said he had been able to cure a case of acute glaucoma by instillation of solution of eserin. Duboisin, in his experience, had no advantage over atropin, but in some persons readily caused toxic symptoms.

Mr. Story (Dublin) also had had cases of poisoning from duboisin. He had employed the alkaloids in ointment form with vaseline, with satisfaction, for a long time.

#### Dressings for Injured Eyes.

A paper on this subject was read by Dr. H. Macnaughton Jones, of Cork. He stated that it is of importance to secure rest without either causing pressure on the globe, heating the organ, or preventing the escape of tears or any other secretion. So, also, to resort to the use of cold dressing was often a dangerous step. If employed, it must be sedulously sustained, and its effects carefully watched. Once commenced, it was difficult to relinquish it. The small ice-bladder or the piece of linen must be changed occasionally. Nevertheless, it often became heated, and was a source of danger. The cotton-pad was heating, and required a skillful hand in applying it. It imprisoned the secretion often adhering to the eyelids. In January, 1877, having seen recorded Dr. Lewis's plan of dressing, in the *PHILADELPHIA MEDICAL AND SURGICAL REPORTER*, Dr. Jones determined to try it, and since had pursued it almost entirely, especially after cataract operations. He could strongly recommend it. He quoted the description there given. "A few semicircular pieces of black silk are placed on the upper lid, to stiffen it, and cause it to act like a splint, and then a straight piece of the adhesive plaster is superposed from the root of the nose to the cheek. The other eye is also closed the same way. This—much lighter and cooler than the cotton packing usually placed over the eye—allows all secretions, which are so apt to cause conjunctivitis, to drain away from under the lid, and enables the surgeon to look at the eye and instill atropia without moving the

dressing. At the same time, it perfectly protects the eye, which cannot be opened because the stiffened upper lid will not allow itself to be raised." Dr. Jones used a few pieces of isinglass adhesive plaster (Seabury & Johnson's). The lids being closed, from the nose to the external angular process, smoothly and lightly over the upper eyelid, a few more were then placed on the lower eyelid, and then some pieces were brought from the upper to the lower lid, and held in place by a few extra transverse strips. The patients liked the dressing; the upper lid acted as a splint to the wound, and it had all the advantages described above.

The sub-Section on Otology was opened by Dr. Cassells, of Glasgow, who, in a brief address, referred to the recent progress of this branch, and in concluding nominated Dr. Laurence Turnbull, of Philadelphia, who was present, to be Chairman of the section. This nomination was unanimously carried, and Dr. Turnbull took the chair and replied in an address of thanks for the honor.

Papers were read on throat deafness, by Dr. E. Woakes, followed by one on

#### Intra-tympanic Injections,

by Dr. Cassells. The result of his investigation had been to convince him that the use of intra-tympanic medication of the diseased tissues of the middle ear was without value separated from the act of inflation, by which the introduction of the fluids into the tympanic cavity was effected; and he had therefore abandoned their use for the last seven years. The good results which were obtained, in his opinion, by those injections, where they were obtained at all, were due to the inflation of the tympanum by the air contained in the fluid, or driven in along with it, and not to the medicated fluid itself. It was not possible to break up adhesions, dissolve mucus, and generally restore the mobility of the tissues of the ear by medicated solutions, such as of zinc, copper, iodide of potassium, chloral, and chloride of sodium, while these tissues themselves, and the mucus contained in the tympanum, outside of the body, were found totally insoluble in such solutions as liquor potassæ, absolute alcohol, and nitric and muriatic acids.

Among numerous other papers presented to the sub-Section, was one on

#### Tinnitus Aurium,

by Dr. Laurence Turnbull, Philadelphia, giving the statistics of 166 cases in which it appeared as a prominent symptom. Mr. W. D. Hemming also read a paper on the subject. In the discussion which followed electricity was generally recognized as useless, while hydrobromic acid has a positive value.

—The celebrated London physician, Dr. Mead, is said to have quarreled on some point of precedence, and fought a duel, with Woodward, the scientific geologist, in the archway of Gresham College, Bishopsgate, where two sculptured figures still commemorate the feat. As Mead stood over his fallen antagonist, with drawn sword, he said, "Will you beg your life?" "Never!" was the unvanquished and ready answer; "Never, till I am your patient, Doctor!"

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Successful Management of Diphtheria.

In forty-five cases of diphtheria, Dr. S. S. Boyd, of Indiana, had but one death. He thus describes the method he pursued (*American Practitioner*, July):—

When called to see a patient, if I found that his bowels were moved daily, which was generally the case, I administered no purgative. When I thought the bowels should be evacuated, I ordered sulphate of magnesia, or bitartrate of potash in small doses, until mild catharsis was established. Four grains of sulphate of quinia and sixty drops of hydrochlorate of iron were given after each meal. I prepared a large swab, made of a strip of muslin raveled on one edge, and so wrapped around the end of a stick or whalebone that it made a soft brush, but four times as large as we usually find camel's hair brushes. Dipping this brush in the tincture of muriate of iron, it would absorb half a drachm of the fluid. Then depressing the tongue, I gently pushed the swab back between the tonsils until it touched the back wall of the pharynx. This caused a contraction of the muscles of the fauces, so as to drive the fluid into every part of the pharynx. This simple operation I performed only morning and evening.

In those cases where there was much fetor of breath the patient was ordered to gargle the throat frequently with whisky and carbolic acid, ten drops of the latter to an ounce of the former. I also advised them to swallow a little of the same each time they used the gargle. In two of the more serious cases I ordered an ounce of whisky with two drops of carbolic acid, three times per day. In my own case, out of respect for my medical friends who visited me, I took four or five fifteen-grain doses of chlorate of potassa.

## Paralysis and Impotence, from Spermatorrhœa—Cure.

In the *Canada Medical Record*, Mr. C. R. Roberts, of London, Eng., gives the case of a man 35 years of age, married, three children, with complete loss of motion in the lower limbs. No cause for the paralysis could be found until, on examining the urine with the microscope there appeared to be spermatozoa floating in it, and this further examination placed beyond question. Following up this clue I elicited that he had for several months experienced an almost constant desire for sexual intercourse, with a gradual diminution of power and an increase (until they became of nightly occurrence, and frequently in the night) of seminal emission while asleep. There was no priapism, and the testes appeared normal. He is a married man and the father of three living children. His wife states that for a long time he has been always wanting to, but quite incapable of, discharging his marital duties. Now what was to be done in a case of this kind, which appeared to be hopeless? I felt inclined

to despair, but remembering a case which occurred to me at Salisbury, I determined to take him in hand. He was ordered to be well purged twice a week, with calomel and colocynth, at bedtime, and sulphate of magnesia in the morning; galvanism was applied night and morning to the back and legs; he was held up every morning in a bath, with his feet in warm water, while the cold shower bath was administered for two or three minutes, afterward increased to five, and eventually to fifteen minutes, and was given thrice daily five minimis of tincture of nux vomica and five minimis of the tincture of sesquichloride of iron, in an oz. of water (this dose of each was after an interval doubled, then trebled and eventually quadrupled, and this larger quantity he took daily without any intermission for twelve months and upward); all attempts at sexual intercourse were strictly forbidden, and he was ordered as good and as nourishing a diet, with stout, wine, etc., as their circumstances would permit. This plan of treatment had a most charming and satisfactory result; in a few weeks he was enabled to get out of bed, and holding by the bed hobble round it; he became able to walk with crutches, then with one and a stick, then with two sticks, and for some weeks before I left, in February, 1879, he walked down to me many times, a distance (both ways) of nearly seven miles, without any assistance whatever, although he always carried a stick. The spermatozoa disappeared entirely from his urine, and he was allowed and enabled to perform his marital duties in moderation and with success.

## Chloral in Vomiting in Pregnancy.

In the *Virginia Medical Monthly*, Dr. J. H. Scarff reports four very successful cases of vomiting in pregnancy cured by chloral hydrate. We quote two of them:—

CASE 1.—Mrs. S., fifth pregnancy; nausea and vomiting incessant from the beginning of her last pregnancy until I saw her, October 16th, 1877. I ordered for her cerium oxalate and bismuth subnitrate, which gave her temporary relief. In a few days she sent for me again, when I found her condition most deplorable. I prescribed for her one remedy after another, with little or no success. I concluded to give her the chloral, and ordered for her forty grains, to be prepared in a mucilaginous mixture. I instructed the nurse to inject one-half per rectum, which was done at 8 P.M. She slept an hour or two that night, but nausea and retching returned again in the morning. Chloral was repeated, and nausea ceased for awhile during the day, allowing her to retain a small quantity of milk and brandy. Twenty grains of chloral were repeated at night, and she slept all night. I saw her early the following morning, and notwithstanding she said she felt very well, I repeated the chloral, and am happy to state I did not have to give her another dose of medicine until she was confined, April 6th, 1878.

CASE 2.—Mrs. M., of Washington, primipara, while visiting her mother in this city consulted me in regard to morning sickness, or indigestion, as she termed it. I questioned her as to the possibility of her being pregnant, but she did not know, as it was nearly a week before the time for a recurrence of the catamenia. I prescribed for her tincture of calumbo and lime water, which benefited her for a few days. I finally changed from one remedy to another, her case growing from bad to worse, until the vomiting became incessant. The success in Case No. 1, by the use of chloral, tempted me to try it again. Twenty grains of chloral in solution were injected into the rectum, and this treatment was continued night and morning until four doses were taken, which resulted in a complete cure.

#### The Catarrhal Form of Diphtheria.

Various cases of this form of diphtheria are reported by Dr. W. J. Fairfield, in the *Detroit Lancet*, August, 1879. He says of it—

The patient, with the exception of some degree of prostration and weakness, is usually recovered by the third or fourth day.

This form is liable to be mistaken for a simple pharyngitis, where there are patches of exudation. But in a simple pharyngitis the patches of exudation are accumulations of a modified form of the natural secretion around the mouths of the follicles, and dip down into the cavity of the follicles. The secretion is soft and semi-fluid, pultaceous, and almost wholly mucous. In the catarrhal form of diphtheria the patches are not confined to the mouths of the follicles, but are generally found on the most prominent points of the tonsil or part where they are formed.

Sometimes there is slight erosion of the mucous membranes of a tonsil or other part, and the yellow suppurating surface presented by the ulcerations may be mistaken for a diphtheritic patch, but the border of the ulcer can be plainly seen, as well as the loss of substance, which rarely occurs, if ever, in the catarrhal form of diphtheria.

I feel that it is dangerous to recognize diphtheria only in its severer and plainly marked forms, for by so doing suffering may be extended and life sacrificed.

The following facts I present you as establishing a catarrhal form of diphtheria; facts which have been brought to light by well known and competent observers:—

1. It is prevalent in connection with an epidemic of typical diphtheria.

2. Occasionally germs from this form will produce croupous diphtheria.

3. Sometimes it precedes the more severe form, continuing three or four days and then merging into the croupous form.

4. Traces of albuminuria which have been found to occur in the majority of severe cases, have been found in some of these.

5. Microscopic examination of the exudate reveals the micrococci and bacteria *tertio*, which are always found in diphtheritic membrane.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The causes, symptoms and treatment of lacerations of the cervix uteri are detailed by Dr. A. Reeves Jackson, in a reprint from the *Chicago Medical Journal and Examiner*.

—Dr. John Eastman, in a reprint from the *Transactions of the Indiana State Medical Society*, gives a careful summary of the rules and precautions to be observed in excision of the knee joint, with illustrative cases.

—In a paper on statistics of placenta *prævia*, collected from the practice of physicians in the State of Indiana, Dr. Enoch W. King, of Galena, Ind., presents a series of results, valuable for comparison with the figures of other writers.

—It is satisfactory to record the disenthralment from their delusions of the honest disciples of Hahnemann. In a pamphlet before us, by Dr. H. M. Paine, of Albany, he closes with the significant words—

“Inasmuch as the *Organon* [of Hahnemann] is considered the only correct exponent of homœopathic principles, all that portion bearing on the theory of dynamization should no longer receive the support of the homœopathic medical profession.”

—Lippincott’s Magazine for October has a pleasing variety of entertaining articles and handsome illustrations. One of the contributions, “The Double Life of Martin Staples,” is a curious psychological study, in the style of some of Poe’s writings. If not founded on fact, it has great verisimilitude. It portrays a not uncommon form of epileptic mania, in the attacks of which the patient believes he lives an entirely different life and yet is the same, himself and yet another.

—Parts III and IV of “Photographic Illustrations of Skin Diseases,” by George Henry Fox, A.M., M.D., the earlier numbers of which we noticed in the *REPORTER*, July 5th, have appeared. They contain specimens of fibroma, varicella, zoster, eczema, leucoderma, chromophytosis and favus. These plates are taken from life, and colored with great accuracy. They have met immediate recognition from the most distinguished dermatologists. Published by E. B. Treat & Co., 805 Broadway, New York. Price \$2.00 per part.

—“Vegetarianism the Radical Cure for Intemperance,” is the title of a pamphlet of 79 pp., by Harriet P. Fowler (New York, M. L. Hol-

brook & Co.). Her argument is that meat causes intemperance, by its absence of carbonaceous properties, and by its stimulating effect upon the stomach and nervous system. The assertion is reiterated that those whose diet consists chiefly or wholly of vegetables do not crave alcoholic drinks. Nothing is said of the Irish or Scotch peasantry, who are lucky if they taste meat once a week, but who are always eager for their fiery whisky; nothing of the peasantry of the south of Europe, who also rarely touch meat, yet who look on wine as a necessity. For ourselves, we believe the exact contrary of the author's theory can be maintained with equal plausibility.

—Certain writers of the present day take great delight in asserting that the present, especially the present American, generation is weaker, smaller and more subject to a variety of ills, than were its ancestors. Dr. C. Fayette Taylor is one of these. In a paper read before the New York Odontological Society, on "Emotional Prodigiarity," he has much to say of the weakness of American girls, their nervousness and emotionalism. He thinks they are taught too much, fondled too much, urged too much. He exclaims—

"The result is deplorable. With the mind thus forced to an unnatural activity, the emotions strained up to the highest tension, at such an important period, what chance has the body to attain a perfect growth or the various functions to be properly developed? Hence we see that generation after generation becomes smaller and smaller, until nature ceases to reproduce its own, and new blood has to be brought in to keep the race from dying out. Take a walk on the avenue of a Sunday afternoon and witness the large proportion of diminutive men and women whom we shall meet. Then tell me if I have overdrawn the picture."

We think he has, to an absurd degree. There is positive evidence that the present generation is neither weaker nor smaller than its predecessors, but the reverse; and from considerable personal observation we maintain that American school girls are as healthy, cheerful and handsome as any to be found in the world.

—The same writer, in a reprint from the *Boston Medical and Surgical Journal*, makes some instructive observations on the mechanical treatment of diseases. He observes—

"It is absurd to speak of 'an instrument for hip disease.' There can be no one complete instrument for hip disease. There can only be instruments calculated to answer the indications present at some stage of hip disease. The surgeon who treats disease of the hip-joint by a method calculated to fulfill but a single indication, whether by gypsum or other bandages, sand bags, splints, or what not, fails, in my opinion, in his

conceptions of the elements of the case, as he surely will fail of securing the best attainable results."

#### BOOK NOTICES.

**A Treatise on Hygienic and Public Health.** Edited by Albert H. Buck, M.D. Volumes I and II. New York, Wm. Wood & Co.

This handsome work, in two large volumes, of nearly eight hundred pages each, is in size and type uniform with Ziemssen's *Cyclopaedia*. The editor states that it is in some measure intended to take the place of the first volume of the original of that series, which is concerned with public health, but treats the subject from a point of view so entirely German that it would be of comparatively little value in this country.

The volumes are a collection of monographs on separate subjects relating to public health, composed by American writers with special knowledge of the different branches they handle. It is sufficient to say of these contributors that they include many of the most eminent sanitarians in this country, and the productions they have furnished give evidence of attentive and careful study, quite equal to that to be found in any foreign work in any language.

The scheme of the work is to divide the general subject into four parts, treating respectively of individual hygiene, habitations, occupations and public health proper. These are preceded by an introduction on the causes of disease and the jurisprudence of hygiene.

Individual hygiene begins with the newly born infant, takes it through its nursing months, discusses the diets suitable to it, both as substitutes for mother's milk and when it commences independent eating, and carries it up to the age of schooling. This section is written by Dr. A. Jacobi, of New York. The subjects of food and drink, by Dr. Tyson, of Philadelphia; and of drinking water, by Dr. Nichols, of Boston; give the physiological chemistry of these aliments as far as known, and the cautions necessary in their use. The chapter on physical exercise, by Dr. Hall, of New York, contains, among other interesting matter, some judicious instructions on training, and the wisest rules for the development of muscle, which are very timely just now. This part closes with a chapter by Dr. Van Harlingen, on the care of the person. It is at once entertaining and sensible.

The subject of habitations is considered first with reference to the surrounding soil and water, including drainage, soil pollution, the

ground water, sewerage and the selection of a site. The writer is Dr. William H. Ford, at present the President of the Board of Health in this city, and a most competent authority. The atmosphere, which is next considered by Dr. Lincoln, of Boston, includes not the air merely, but meteorology, climate, ventilation and heating as well. Numerous diagrams and cuts are inserted in these articles, which facilitate the explanations of the authors. The part closes with a chapter on hospital construction, by Dr. Francis H. Brown, of Boston.

The portion on occupations discusses the relative dangers and advantages which they present, from a sanitary point of view, and then proceeds, in separate chapters, to discuss the hygiene of camps, of the naval and merchant marine, of coal mines and metal mines. Camp life is contributed by Dr. Charles Smart, Asst. Surg. U. S. A., and the article on the naval and merchant marine by Dr. Thomas J. Turner, Med. Director, U. S. N. Dr. Turner is an experienced surgeon, and has long made naval hygiene a specialty, but the securing his pen for the hygiene of the merchant marine, when there are so many surgeons of the United States Marine Hospital Corps who have distinguished themselves in sanitary studies, is an injustice to that corps which Dr. Buck should not have committed.

The last part, on public health proper, treats on the causes of infant mortality, the registration and investigation of vital statistics, the methods of detecting adulterations of food, the various offensive trades and processes which are considered public nuisances, quarantine, the prevention of smallpox and syphilis, the various disinfectants and their uses, sanitary associations in villages, and the hygiene of schools. A well prepared index closes the work, and many of the monographs have appended to them tolerably complete bibliographies.

It will be seen that the ground is well covered by this treatise, or collection of treatises, and one cannot doubt but that much good will be accomplished, both in and out of the profession, by its circulation.

**Transactions of the Thirty-fourth Annual Meeting of the Ohio State Medical Society, June, 1879. Columbus, Ohio.**

**Transactions of the Medical Association of Georgia, 1879. Atlanta.**

At the Ohio meeting the address of the President, Dr. B. B. Leonard, was on State government and the medical organization. He touches to the quick the need of an anatomical law in

that State. Speaking of it and allied matters, he remarks—

“Strange as it may seem, gentlemen, much of the opposition given to the progress of our calling comes from the clergy, those who ought to be our friends and allies. Those whose grave duties look to a cure of the evils in the soul ought to aid us who are seeking to alleviate the ills of the body. Many of these men, if not openly our enemies, are certainly not our friends.”

If Dr. Leonard had thought about the history of the neighboring State of Pennsylvania, he might have concluded that the doubts entertained by the earliest settlers of that commonwealth as to the propriety of making a business of teaching religion have some foundation. Dr. Roberts Bartholow contributes a short paper on the treatment of consumption, including climatic and therapeutic resources. The preservation of good eyesight and the use of spectacles is the subject of a paper by Dr. J. H. Buckner. Other original papers are by Dr. Kinsman, on hog cholera; by Dr. J. C. Reeve, on mind anesthesia; by Dr. P. S. Conner, on the plaster-of-Paris roller in the treatment of club foot; on tubercle, by Dr. H. J. Herrick; on sanitary laws, by Dr. Geo. E. Walton; on glaucoma, by Dr. S. C. Ayres; and on the metric system, by Dr. J. F. Baldwin.

Of the papers in the Transactions of the Georgia Association, we have on previous occasions referred to those on quarantine, by Dr. Le Hardy, and on yellow fever, by Dr. Westmoreland, and the effect of tobacco on the eyesight, by Dr. Calhoun. Other original papers are by Dr. H. F. Campbell, on uterine flexions; on the toxic effects of bromide of potassium, by Dr. C. H. Hall; on reflex excitability, by Dr. A. W. Griggs; traumatic tetanus, by Dr. A. R. Taylor, etc.

The address of the president, Dr. J. T. Johnson, of Atlanta, is, as he says, upon a topic as old as the profession itself, though for all that not a venerated one—the poverty of physicians. We have read closely, in hopes that he had discovered a specific for this chronic malady of the pocket, but, alas! we hoped in vain. One after another he takes up the alleged specifics—business habits, cash payments, black lists, prompt collections, etc., but pronounces them inert, or nearly so. Finally, he has recourse to philosophy and resignation, and concludes with the wise though disappointing information that—

“Wealth can bring no contentment more serene than the consciousness of duties well done; and, at last, there is no happiness more complete than the sweet memories of a life well spent.”

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D. G. BRINTON, M.D., EDITOR.

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**SOME POSSIBLE EXPLANATIONS OF MIRACULOUS CURES.**

The acute historian, A. W. SCHLEGEL, makes the profoundly correct remark that no advance in scientific culture, no increasing perfection of social order, is a guarantee against occasional reversions to superstition and fanaticism. It is indeed true, as Pliny observes in his *Natural History*, that the more readily miracles are received by foolish and superstitious persons, "*simplices et religiosi*," the more numerous they will be reported to be; but at all times there are dispositions with a bias to the supernatural explanation of facts, and an inborn tendency to mysticism, who prefer to accept on faith rather than to explain by knowledge.

The domain of medicine has always been a favorite one for the dealers in wonder-works, and it remains so to this day. This summer just past has illustrated it anew. The secular and religious Protestant press have chronicled quite a number of cures of chronic diseases, the result of prayer. We noted that the camp meetings were more efficient in this direction than usual.

In France, the shrine of "Our Lady of Lourdes" has attracted thousands of pilgrims and performed many cures. We take from "*Le Monde*," a paper published in Paris, a description of one of these pilgrimages, now-a-days no longer performed with staff in hand and sandals on feet, but in the more commodious plan of traveling devised by worldly men. The writer says:—

"The six hundred sick and suffering took their places in the train with some trouble. The hospitality and kind offices of the Poitevins were admirable. More generosity or delicacy was impossible. A person deprived of sight for several years was suddenly cured on the way, while the chaplet was being recited for the sick. \* \* \* The five trains have safely arrived. A train from Carcassonne and another from Bordeaux are expected. We went straight to the grotto, where the cures were at once manifested. The sick who were cured left their crutches at the grotto. All the pilgrims express feelings of the greatest faith, hope and gratitude."

As the Virgin of Lourdes, has, we are informed, never been officially recognized by the Papal authorities, a member of that church has it open to him to accept or reject the supernatural character of the cures there performed. That they are real and numerous, there seems no room for doubt, and the same must be said of some of those previously referred to as recorded in this country.

It is strictly within the limits of medical science to examine and discuss these facts; indeed, the physician who would refrain from doing so or would object to approaching them, is either timid or does not appreciate the duties of his profession.

Assuming them, then, as actual facts—and we repeat, there exists no reasonable doubt about them—we should inquire, first, whether they are capable of explanation by known laws of the mental and physical organism.

The reply to this is that the influence of the mind on the body through expectant attention, fixed belief, and confident trust, is powerful enough to effect the cure of many functional, nervous and mental diseases. These include all forms of hysteria, and many phases of epilepsy, paralysis and lameness. In a vast number of diseases which present obstinate and serious symptoms, but all traceable to some neurosis as a

starting point—a condition of affairs by no means infrequent, as for example in some forms of dyspepsia, and neurasthenia—the removal of this neurosis would be followed by a disappearance of the whole train of sequent evils.

It has been further amply proven that processes of repair are greatly influenced by expectant attention and confidence. This has been shown over and over again in the healing of ulcers and wounds. There is as much and as good evidence that scrofulous sores were repeatedly healed by the royal touch as for any fact in history.

As the emotions of doubt, fear and despair are almost certain to jeopardize a patient's chances, so the contrary emotion of hope greatly improves his condition. As FEUCHTERSLEBEN forcibly remarks, in his *Elements of Medical Psychology*, "Hope preserves the principle of duration when other parts are threatened with destruction, and is a manifestation of the innermost psychical energy of Life." When Hope is exalted into Faith, into that perfect faith which casts out fear and knows not doubt, how much more potently must it work on the economy? In truth, we are hardly ready to set any limits to the action.

By the explanations here suggested a very large number of such cases can be rationally understood. To these must be added the percentage of simulated or artificial diseases, a certain number of which are sure to be found in every large hospital. It is almost a mania with some people to pretend to be sick; and it is part of the trade of others to entertain a disease which they could get rid of soon enough were they really to wish it. Some of these cases are deliberate malingerers, others are so out of a desire for sympathy or for notoriety. They are found in all classes of society, and are sure to come to the front in incidents like those we are considering, where some capital is to be made.

Thirdly, there must allowance be made for exaggerated statements, both on the part of the patients and the observers. Without casting doubt on their honesty and good intentions, the very circumstances surrounding all these miracu-

lous cures forcibly incline both parties to hasty and overdrawn accounts. They both desire to magnify as much as possible the agency of the supernatural, and hence are apt to color deeply the disease and its dangers.

These are the rational explanations which all should be willing to recognize and apply, as far as they will go. They should allow the Horatian maxim, not to call in the god unless the crisis requires his aid. Whether all the miraculous cures can thus be explained away, we do not pretend to say. As no law of nature is absolute, we should be prepared for exceptions to all of them; and it is not the truly scientific frame of mind to deny the *possibility* of any occurrence; we are only arguing for that first maxim of inductive science, that where several explanations of a given occurrence are possible, we should always prefer that which is simplest, most easily understood, and most in accordance with other similar occurrences.

## NOTES AND COMMENTS.

### Increase of Consumption in Southern Latitudes.

We have on a previous occasion noted the steady increase of deaths from phthisis among the natives of the Madeira Islands, Naples, Florida, and other warm health resorts. The New Orleans *Picayune*, August 5th, calls attention to the same fact in that city. It says—

"The attention of our physicians might profitably be devoted to the consideration of the conditions which have caused the large increase in this city of mortality from consumption. Not many years ago this disease was comparatively rare in this latitude. The mild and equable climate was considered beneficial for persons with consumptive tendencies, and many came from colder latitudes to take refuge in New Orleans from the rigors of northern winters. Last week's mortality report records the death of twenty-four persons from consumption. At this rate the mortality would, for the year, be in excess of that from all fevers combined."

It is probable that the fact here recorded of the many consumptives who pass the winter in New Orleans explains the increasing deaths from the disease of the natives; for it may be believed to be natives only, and not visitors, whose deaths were recorded in July.

## Therapeutical Notes.

## IODIDE OF ETHYL IN CEDEMATOUS LARYNGITIS.

In the *Annales des Mal. du Larynx* Dr. Capi-  
tan records a case of oedema of the glottis which  
occurred in the course of a pulmonary disease  
after catching cold. All the dangerous sym-  
ptoms of suffocation, dyspnoea, and pain in swal-  
lowing, occurred, but were successfully combated  
in a few days by the inhalation of ethyl iodide.

## TINCTURA FERRI PERCHLORIDI IN DIPHTHERIA.

Dr. James Carmichael writes to the Edinburgh *Medical Journal*, August: "I was formerly in the habit of frequently applying hydrochloric or carbolic acid or other strong solution to the throat; but of late I have been content with a single, or much less frequent, recourse to these strong local applications, or even with their entire abandonment, trusting solely to the tincture of the perchloride of iron, administered in very frequent doses—10 to 15 minimis in 3 ss. of water every hour, or even oftener. When taken thus, I believe the drug exercises sufficient direct action on the throat during deglutition to enable us to dispense entirely, in the great majority of cases, with any other local application whatsoever."

## ARSENIC IN ASTHMA.

An Italian physician, Dr. Martelli, reports great and immediate benefit in the paroxysms of asthma, by the hypodermic injection of a few drops of Fowler's solution—one part to two of water. Dr. Berkart, in his late monograph on asthma (noticed in the *REPORTER* a few weeks ago), quotes favorable opinions of its effects given internally and by fumigation; but says nothing of its subcutaneous use.

## THE CHLORIDES OF LITHIUM AND PLATINUM AS NERVINES.

The chloride of lithium has been used lately by Dr. S. Weir Mitchell, of this city, as a nervine tonic in epileptic excitement. The chloride of platinum was some years ago advocated by Huss (Köhler, *Spec. Therapie*, 1, p. 656). The operation of these drugs seems uncertain, or, at least, has not yet been clearly defined. It would be interesting to have reports upon them.

## The Treatment of Diphtheria and Anginous Paralysis.

On this subject Prof. Hardy, of Paris, remarks, in one of his lectures, that cure is the rule, and the cure generally supervenes of itself, the rôle of the physician being to assist it; to do this, one should raise and sustain the strength of the patients, by means of iron, quinine, coffee and nourishing food. In some special cases one may have to interfere, by the oesophageal tube, to as-

sist deglutition when it cannot be made without fatigue or danger by the patient. In cases where the paralysis of the soft palate or of the pharynx does not improve rapidly under the above treatment, have recourse to electricity, in the form of interrupted currents, or still better, under the form of the continuous current, employing remedies which have a special action on the muscular fibre, such as *nux vomica*; use at the same time sulphurous baths, which may be given several times a week.

## Prevention of Cystitis after Cantharides.

M. Guyot Danneey, as quoted in the *Practitioner*, recommends the incorporation of a certain quantity of carbonate or bicarbonate of soda in place of powdering blisters with camphor, as is generally done. For this purpose he mixes equal parts of carbonate of soda and cantharides powder, and then spreads the mixture upon the plaster. The blister is fixed by strong pressure with the palm of the hand, and is covered with a layer of oiled silk. The vesicant acts as rapidly and as surely as one made with the simple powder of cantharides without any admixture with other substances. The experience of the many years during which it has been in use at the Bordeaux hospitals tends to show that the addition of the soda salt is a much safer preservative than camphor against those accidents to the neck of the bladder which occur so frequently after the application of blisters, whether or not they have been previously camphorated.

## Extract of Beef by Expression.

A variety of succus carnis or meat juice is extensively used in St. Petersburg by invalids and infants, in the place of raw meat. It is said to contain all the constituents of the latter in solution, being prepared by expressing fresh beef by means of hydraulic presses, and filtering. It is a clear, red liquid, having an acid reaction, a pleasant taste, a specific gravity varying between 1.031 and 1.037, and mixes clear with a little hydrochloric acid, but is coagulated by a larger proportion of the latter, and also when boiled. It is not rendered turbid by acetic acid and sodium chloride, and was found to contain albumen, gelatin, sugar, creatin, inosin, lactic and carbonic acids and oxyhaemoglobin. The ashes contained potassium chloride, sodium chloride, and phosphate and sulphates of calcium, magnesium and iron. Whether any of the "beef extracts" in the American market are prepared in this manner we cannot say, but it would seem to be an excellent method.

**Ancient Forms of Nervous Disease.**

In drawing the broad distinction that he does, in a letter in this number, between physical and psychical nervous diseases, does Dr. George M. Beard write in the full light of modern pathology? Does not that teach that *all* disease is physical? Is not the difference which he points out between the two forms of nervous disease merely one of expression and interpretation, as he himself intimates in the last sentence of his quotation from the *Quarterly Journal of Inebriety*?

Both the soundest theologians and the most skilled physicians of the Dark Ages maintained that the nervous maladies so prevalent then were physical, more than mental. St. Augustin says the subjects of them were generally of feeble bodies and subject to bile and humors; Cornelius Agrippa, that the "possessed" were weak and melancholy persons; Pomponatus, that they only needed medical treatment, and could be cured by it; and the historians of medicine are full of further evidence to the same effect.

**The Cooling Treatment in Measles.**

This plan of treatment was strongly advocated years ago in the *REPORTER*, by Dr. Hiram Corson, and it is gratifying to observe that in the *Atlanta Medical and Surgical Journal*, for September, Dr. E. A. Cobleigh reports a number of cases most successfully treated by it. He concludes his article by saying—

"Of the cases mentioned, nearly all complications spoken of arose in persons who had been first medicated with hot teas, hot rooms, hot beds, hot baths, starved and purged, according to popular custom. On commencing a radically opposite plan, they improved as by magic from the start, and without exception expressed or manifested immediate relief from what had previously been torture. In most cases the eruption was extensive while using the cold to interior or exterior or both; and in a few instances it was excessive, showing beyond controversy—and one fact is worth a hundred unsubstantiated theories, however plausible or scientific—that cold does not repel the cutaneous manifestations of rubeola or any other exanthem, where nothing else interferes.

"If physicians who are afraid of cold in measles will only try it once, they will lose all fear of the method; will be happily disappointed at the prompt recovery of their patients; will find not only their sufferings mitigated, but actually shortened as well, though I do not claim

abortive powers for the antipyretic plan of therapeutics; will meet fewer troublesome complications and almost no pathological after-conditions."

**The Dangers of Improved Habits of Life.**

In one of the most pleasing of George Sand's novels, *Le Meunier d'Angibault*, she records the singular observation that when a French peasant, brought up on a spare and chiefly vegetable diet; enriches himself sufficiently to indulge in meat every day and the other comforts of a *bourgeois*, it nearly always kills him in a very few years. A similar observation is made by Dr. Henry Gibbons, Jr., of San Francisco, in a late paper, entitled, "Notes on Hospital and Private Practice." He says:—

"The conclusion has forced itself on my mind, that the transition from a rugged mode of life, with simple fare and much exposure, to the comforts and luxuries of a higher civilization, is a hazardous experiment on the human constitution. We observe it particularly in the native Indians, who, when transferred from their wild life to the domestic service of the white population, become remarkably sensitive to the causes of disease, and when taken sick, succumb almost invariably and without exhibiting any power of resistance. When I find an Indian in the hospital ward, I very generally expect him to die, particularly if he has the slightest pulmonary disease. The same observation holds good, though not to the same extent, in regard to native Californians of mixed Spanish and Indian blood."

**CORRESPONDENCE.****The Prevalence of Nervous Disease.**

ED. MED. AND SURG. *REPORTER*:—

I find, on my return from Europe, a copy of your editorial (July 26) on my lecture on "American Nervousness, its Philosophy and Treatment." The reply is very simple. The facts in regard to the prevalence of hysteria and hysteroidal affections in the middle ages are not only admitted, but insisted on, by me. Indeed, I long ago called attention to the fact that affections of this kind were of a twofold character, *physical and psychical or mental*, and to the fact that the psychical or mental forms were far more common in the middle ages and among semi-barbarians, or, at least, among people but partially civilized, than in recent times. On the contrary, the physical forms of these diseases have arisen and developed with amazing rapidity during the last half century or more, in civilized countries. There are nervous diseases, and nervous diseases, and nervous diseases; to say that nervous diseases in general, as a whole, without regard to

their nature or origin, have either increased or diminished, would be unscientific.

The lecture which you criticized was devoted mainly to *physical* as distinguished from *psychical* forms of functional nervous diseases. This distinction is vital and fundamental, and has been again and again presented by me in discussing these theories. I quote the following paragraph from a paper of mine published in June, 1878, in the *Quarterly Journal of Inebriety*. The nervous diseases of this class described in this paragraph are *diminishing* with civilization and the increase of intelligence:—

"Hysteria appears under two quite distinct forms—the one psychical, the other physical. In the psychical or mental form the symptoms are the result solely of an unbalanced mind powerfully excited by some emotion. This form of hysteria occurs in persons who are vigorous and muscular; their bodies are strong but their brains are weak; they have more emotion than reason, and the few faculties they have being but slightly trained, they are easily 'thrown off the centre,' to use a nautical phrase, and when any great excitement appears they develop the symptoms of hysteria, with convulsions, contortions of muscles, anesthesia, or numbness, and so forth. In modern times, and in this country, Irish servant girls illustrate very frequently this type of hysteria; in the middle ages large communities were thrown into a state of hysteria and of trance by mental excitement alone, and as functional nervous diseases were at that time comparatively unknown, it is just to assume that these epidemics of hysteria and hysterical disorders were largely if not entirely of a psychical nature—unbalanced and untrained minds acting on strong and vigorous bodies. In our time and country, among the higher circles of society, a very different type of hysteria appears; exhausted, neurasthenic bodies, under the influence of fatigue or worry of excitement, develop many of the same symptoms as are experienced by those afflicted with psychical hysteria."

The fallacy that destroys the reasoning of Hæser and other writers on this subject is, that they do not understand this distinction between psychical and physical diseases.

On this subject there is one other point of interest, namely, that structural organic diseases of the spinal cord are more common in Great Britain and Central Europe than in America, whereas functional nervous diseases, such as neurasthenia, sick headache, *physical* hysteria, and hay fever and inebriety, are more common in America than in any other part of the world.

The object of this lecture on American nervousness was not to bring out these distinctions, but to account for the nervousness of the American people and to point out the methods for relieving it.

I may say also that the books of travel to which you refer agree in this, that such conditions as trance (under various names, as ecstasy, somnambulism, catalepsy, possession, etc.), and what I call mental forms of hysteria, leading sometimes to actual insanity, have existed in all historic ages, and all over the world; this is a fact which is quite out of the range of discussion.

On the other hand, it is also a fact, based on the same evidence in part, that the functional diseases of a physical character to which I have referred were very rare indeed prior to the nineteenth century, and at the present time scarcely exist outside of the great centres of civilization. The facts of the relation of age to work, which you criticised some years ago, have not, as you say, been dropped, but will, in proper time, be published in permanent form, wherein your criticisms and those of others will receive most careful consideration. In closing I wish to express my appreciation of the intelligence, ability and courtesy, with which, on your part, our discussions have been conducted. GEO. M. BEARD, M.D.

New York, Sept. 20th, 1879.

#### A Few Reasons in Favor of Physicians Dispensing Drugs.

##### ED. MED. AND SURG. REPORTER:—

As to this matter, there is a reform needed throughout the profession, not only in the country but in the cities as well. To support this proposition there are reasons which cannot be put aside. I have recently noticed in some of our leading journals complaints as to the habit known as "counter prescribing." Now, it does not become the average medical man to utter a word against this procedure. The fault lies at his own door entirely. In our cities a party cannot consult a physician for the simplest ailment without incurring a druggist's charge in addition to the usual prescription fee. In the light of this fact it is not strange that many prefer to risk the apothecary's presumption, and seek advice and remedy under one consideration, rather than run the entire gauntlet.

We are not among the number who believe a physician has even a shadow of right on his side in saying "consultation free, and no charge except for medicines;" nor do we believe that this assertion is ever uttered outside the pale of quackery; certainly no physician could so far forget himself as to thus degrade his profession.

As in a previous article in the REPORTER, of May 3d,\* we definitely assert that much of the favor shown homœopathy is due to defects in regular practice.

It is a well-known fact that very many families have been induced to employ the man of the *infinitesimal potency* simply because at the end of a siege of sickness there is no druggist's bill, amounting well nigh to the charge made by the attendant. It seems to us that this point alone would warrant a physician in keeping and dispensing his own drugs. In this and other respects we allow ourselves to be brought into very unfair competition with homœopathy—a theory which will not bear scientific or trained inspection, and which must ever depend for its success upon devising means by which the masses may be intrigued. We do not mean for a moment that regular medicine should descend to meet these devices in any particular; but simply this, viz.: that so far as business competi-

\* The word "plan," in the thirtieth line of that article, has been erroneously substituted for "law" in the manuscript.

tion on an honest plane is concerned, we should be more keenly alive to professional interest.

The next point we make is that many, and indeed most, physicians have very little idea as to whether the compounds they prescribe be nauseous or not; hence it has become proverbial that regular practice means nauseating and harsh medication. Indeed, very many, even among the more intelligent classes, hold the opinion that this is the main point at issue between ourselves and the followers of Hahnemann, and on this belief, preferring pleasant medicine, have been led to employ the latter. We must admit we are at fault in this particular, for there is not an agent of the *Pharmacopœia*, however nauseous and unpleasant in the unshielded form, that does not admit of being given, in the largest ordinary doses at that, in some menstruum or other capable of rendering it palatable. The literature upon this topic, however, is very scanty, and does not more than tally with the practice of the day. Then how become reasonably proficient in our knowledge of pleasant medication? Shall medical students be compelled to serve a certain period as practical pharmacists ere they deserve their diploma? This idea is not practical. Clearly, now, the most available way is that each medical man keep his own medicines and compound his own prescriptions. We do not mean to say this is the only way, but that it is *one* way, and that there is no objection to such a course whatever. I repeat, I do not advocate the handling of drugs as a means of speculation at all.

We are sure that many druggists who pass as respectable are in the constant habit of "substituting" in prescriptions sent them. I need scarcely mention the matter of frequent arrangements between druggists and practitioners by which the latter receive a percentage.

We would urge the above points to the consideration of the profession. J. W. HICKMAN, M.D.  
*Delta, Pa., 9, 17th, 1879.*

#### Congenital Hydrocephalus.

ED. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER, Aug. 9th, 1879, Geo. Irvin, M.D., of Aledo, Mercer Co., Illinois, published a case of "Congenital Hydrocephalus," and asked if "any of the correspondents of the MEDICAL AND SURGICAL REPORTER can suggest any better plan of delivering a hydrocephalic baby, than by decapitation?" As no one has complied with the Doctor's request, I beg to refer him to the *Transactions of the Mississippi State Medical Association*, for the year 1872, in which he will find a case reported by the undersigned, very similar to his own. In that case, a multipara, the body and limbs of the fetus had been extruded for five or six hours, the head remaining immovable. "The patient was placed on her back, with her hips resting on the edge of the bed, legs supported by assistants, the child depending, and pressing upon the perineum. I passed Holmes' Perforator along the nucha of the child, carefully protecting the genital and urinary organs of the mother with two fingers of the left hand, until I reached

the occiput; I then forced the instrument into the head, and expanded the blades; closing them again, I withdrew the point, made a half turn, re-introduced the instrument at the same opening and expanded the blades again, making a very neat crucial incision just posterior to the foramen magnum. On withdrawing the instrument there was a gush of liquid, which flowed into the *porte de chamber*, under cover, so freely that the question flashed through my mind, 'is it possible that I have wounded the bladder?' On pushing aside the cover, I was gratified to perceive that the fluid was neither urine nor blood. After the vessel was more than half filled with serum, the child's head was released without any force or effort. Thus the cause of detention proved to be intra-uterine hydrocephalus, which, if it could have been detected at the outset, would have required only a simple puncture with the trocar. But in such cases the anxiety and sense of responsibility are none the less, since the real cause of difficulty cannot be determined beforehand."

This case occurred in 1865. The patient recovered promptly and perfectly, and has borne several children since. Decapitation of the fetus under such circumstances is certainly very unnecessary, and makes a difficult case out of a very simple one.

J. M. TAYLOR, M.D.

*Corinth, Miss.*

#### Psoas Abscess or Hernia?

ED. MED. AND SURG. REPORTER:—

"S. M. H.," in last week's issue of the REPORTER, criticizes my article in the number for June 21st. But he seems to misapprehend my account of the case; and the words, "Probably if the doctors (plural) had used, instead of the 'blister,' a little judicious taxis, the 'abscess' would have disappeared, and with it all pain, heat and swelling," misrepresent my position in the case. I state, "I found the surface about the tumor discolored and sensitive, partly the effect of a fly blister which had been applied. . . . Accepting the *history* as correct; and being misled by the condition consequent upon the blister" etc.; which shows that I had had no hand in applying the blister, and that the parts were in no condition for "judicious taxis" at this, my first, examination. And please notice that I say nothing about "heat and swelling."

After opening, "we directed our patient to be placed in a semi-recumbent posture, and warm poultices to be applied to the part. Suppuration soon commenced. . . . I saw her again the next day. . . . Saw her again about three months after, and she was still quite comfortable and considered convalescent. *Pus continued to flow freely from the opening.*"

I gave no theory as to how the tumor disappeared nor the discharge, which followed, appeared; not deeming it necessary to an elucidation. Possibly the prick of the lancet caused the patient, who was extremely nervous, suddenly to lift the hips, when the sac, with its purulent contents, receded; and before the opening in the skin could close, air entered. Then raising the patient to a "semi-recumbent posture"

caused the pus in the opened sac to obey the law of gravitation and flow back to the opening in the groin, which was made by my "frater medicus" with an abscess lancet, and not, as "S. M. H." supposes, with a "bistoury."

When we consider the patient's "delicate appearance," the "general indications of a strumous diathesis, sensitiveness of the lumbar region," and an additional symptom, which I inadvertently omitted from my report, that of long-standing lameness, I think we have a right plain case of psoas abscess; and trust that "S. M. H." will acquit us of failing to appreciate so critical a situation. **DELTA.**

*Montgomery Co., Md., Sept. 13th, 1879.*

#### Medicinal Snuffs.

#### ED. MED. AND SURG. REPORTER:—

The following communication was sent to me, and will explain itself:—

**DR. CARL SEILER:** *Dear Sir*—On page 93 of your excellent treatise, you recommend, in the treatment of acute coryza, a "snuff composed of gum acacia, subnitrate of bismuth, bicarbonate of soda, and a little sulphate of morphia." Also, in the treatment of hay cold, on page 102, you likewise recommend "the frequent snuffing of a powder composed of gum acacia, quinine sulph., bismuthi subnitrat, and a little morphia sulph." I am at a loss to supply the proportions of the ingredients. If you would publish formulæ for these powders in the MEDICAL AND SURGICAL REPORTER, you would oblige

**MANY PROFESSIONAL FRIENDS.**

*Phila., Sept., 17th, 1879.*

In answer to it I would state that I refrained from giving the proportions of the formula referred to in my book, because they will have to be altered according to the peculiarities and idiosyncrasies of each particular case, but the following formula will be found to answer in most cases:—

|    |                   |       |
|----|-------------------|-------|
| R. | Bismuth. subnit., | 3ij   |
|    | Pulv. gum acacie, | 3ij   |
|    | Quin. sulph.,     | 3j    |
|    | Morph. sulph.,    | gr.ij |

M. et pulv.

**SIG.**—Use as snuff, or by means of insufflator, 5-6 times a day.

The rationale of this is that the gum coming in contact with the watery secretions makes a paste, which, being thickened by the bismuth, protects the irritated mucous membrane from the influences of air and dust. The quinine is added with a view to prevent the growth of vegetable spores, and the morphia in order to lessen the sensibility.

In ordinary coryza, soda bicarb., 3j, is substituted for the quinine, with a view to neutralize the acidity of the secretions. This remedy must, however, not be looked upon as a specific for hay fever or coryza, for although it gives relief in a great number of cases, yet I have found it to fail utterly in several.

**C. SEILER, M.D.**

*Phila., Sept., 25th, 1879.*

#### NEWS AND MISCELLANY.

##### The Wines of Egg Harbor, N. J.

It has been found that the climate and soil of certain portions of New Jersey are admirably adapted to the cultivation of the grape, and that the wines made from the fruit are equal, in color, flavor, quality and keeping properties, to most of the old world vintages. On September 25th, several of the leading wine growers of Egg Harbor City asked, through the courtesy of the Camden and Atlantic Railroad Company, a number of prominent professional and business men to visit their vineyards and vaults. The excursion was a most interesting one. The varieties of wine are numerous, and we were especially pleased with a light white wine, called "Martha," grown by Mr. J. Furrer; a "White Concord," by Mr. A. Heil; the "Black Rose," by Mr. C. Saalmann; and the "Franklin," by Mr. J. Hincke, which last received a medal at the late Paris Exhibition. All these wines are the pure juice of the grape, without adulteration, and for medicinal and dietetic purposes are not surpassed by any in the market. Indeed, it would be difficult to find any so uniformly reliable. Of the speakers present, ex-Governor Pollock made an address, in which he said that it would be well for the cause of temperance if light wines, of the purity and virtue for which the vintages of Egg Harbor were noted throughout the country, were brought into more general use; and the Count d'Assi, of Italy, stated that they must be regarded as successful rivals of the famous vintages of his native land.

##### Progress of Metalloscopy.

The Paris Academy of Medicine decreed, in July, a prize of 2000 francs to Dr. Burg, the founder of "metalloscopy," as a token of its approbation, and to assist him in prosecuting further experiments. It is also noticeable that both in England and Germany several prominent writers who at first attributed the phenomena to expectant attention now state their belief that this is an insufficient explanation for all the observations recorded, though no doubt it will explain some of them. It seems probable some hitherto unappreciated force is also at work. A Paris correspondent of the *Lancet* writes: "In spite of the 'arbitrary skepticism' of the large majority of the profession, the most satisfactory results are daily obtained in the hospitals by the external application of metals. Symptoms of the most curious nature develop under their influence, and give rise to the most interesting discussions at the medical societies."

##### An Unlucky Victory.

A good story, and an authentic one, comes from Regensburg, in Bavaria. In that country physicians are not permitted to dispense medicines when there is an apothecary to do it for them. Three homeopathic physicians were practicing in the city, when an apothecary came

among them and notified them to send him their prescriptions. Two of them refused to obey, and were brought before the court and fined twenty marks. The case was carried to a higher court, and the medicines (pilules) were sent to the University of Erlangen for chemical analysis. The chemists reported that the pilules were made of pure sugar, and did not contain any medicine; whereupon the judge reversed the decision of the lower court, and declared there was no law against physicians distributing confectionery as freely as they chose.

#### Prevalence of Malaria.

We are informed that malarial disease is much less frequent and virulent in the Mississippi valley this fall than it was a year ago. It is certainly so generally in the valley of the Delaware, though in certain limited localities it is quite severe; for instance, in and near Fairmount Park there has been more fever among residents than for some years. People should not be in the Park, particularly in carriages, after the sun goes down.

#### American Gynaecological Society.

Our report of the annual meeting of this Society has been crowded out this week. It will appear in our next number.

#### Personal.

—Dr. Bulkley begins his third course of lectures on Diseases of the Skin, in the New York Hospital, October 8th.

#### Items.

—Nearly one-quarter of the births in Brussels are illegitimate.

—At the Russian Hygienic Society, M. Malawsky, speaking of the progress which myopia is making among studious persons, has proposed that printing should in future be executed by means of white letters on a black ground. This system has been tried by experiments made simultaneously on fifty persons, and the results obtained have been sufficiently conclusive for physicians to encourage the proposed reform, which would constitute a revolution in the art of printing.

#### OBITUARY NOTICES.

—Died, at Castleton, N. Y., on the 9th inst., of inflammatory rheumatism and paralysis combined, Dr. Myron Edson, of Castleton, aged 33 years.

Dr. Edson was taken sick in camp at Lake Bomoseen. He had a large and lucrative practice in his profession; was an amiable, good citizen, and a good husband.

—Dr. Cyrus B. Smith, of Granby, Mass., was killed by lightning Sept. 7th. He was in bed at the time the house was struck, and his death was instantaneous. Dr. Smith was born April 24th, 1839. He was surgeon in the 37th Massachusetts

regiment, and made an honorable war record. In 1871 he represented the 5th Hampshire district in the Legislature, where his services were appreciated. In town affairs he took an active part. As a family physician he was highly esteemed, and will be greatly missed.

#### QUERIES AND REPLIES.

*Dr. H. M. H., of Ill.,* asks:—"What is the most efficient means of treatment for chronic nasal catarrh? Is it generally acknowledged by the profession to be curable? Cannot some of the readers of the 'Indispensable REPORTER' give me some light on its treatment? I am sure it would please a great many in this latitude."

*Dr. H. W., of N. Y.*—An editor is not responsible for statements made by correspondents; still less for those made by advertisers. It is sufficient to say that this journal does not and will not admit any advertisement which the editor believes to be deliberately deceptive or fraudulent in character; beyond this his editorial responsibility does not extend.

*Dr. L. L. and others* call attention to the omission of an important sentence on page 261, in the report of Dr. Harkin's treatment of the hemorrhagic diathesis. The salt he refers to is *chlorate of potash*.

*Dr. S. K. L., of Mo.*—Bitartrate of potash has been used to check bleeding in both hematuria and internal hemorrhoids. See STONE's *Therapeutics*, p. 147.

#### MARRIAGES.

**CHASE-PALMER.**—In the Methodist Church, on Walnut Hills, Cincinnati, Ohio. Dr. Harry R. Chase, of New York, and Miss Marian Palmer, of the Chickering Institute. The ceremony was performed by Elder Hypes, in accordance with the Episcopal service, by request.

**PHelps-DRAPER.**—In Brattleboro, Vt., August 21st, by Rev. George E. Martin, Dr. O. W. Phelps and Mary Draper.

**SWISHER-THOMSON.**—In Healdsburg, Cal., July 31st, by Rev. S. H. Thomson, LL.D., Dr. J. R. Swisher and S. May Thomson, daughter of the officiating clergyman.

#### DEATHS.

**BERNACKI.**—On Saturday, August 16th, at the residence of her sister, Florida, Orange county, New York, after a lingering illness, Sarah E., wife of Dr. C. W. Bernacki.

**BOYD.**—In Newport, Vt., Aug. 20th, Mrs. Rebecca, wife of the late Dr. Boyd, aged 79 years and 9 months.

**COLLINS-KLEIN.**—At Opiez, Canton Berne, Switzerland, on Sunday, August 31st, Mrs. Helen E. Collins, wife of Dr. Theo. H. Klein, and niece of the late George C. Collins, Esq.

**FINLEY.**—In this city, on the 8th ult., Clement A. Finley, Surgeon General U. S. Army, retired.

**HAIGHT.**—At Stamford, Conn., on Friday evening, Sept. 12th, Nathaniel D. Haight, M.D., aged 76 years.

**HUMBERT.**—In New York, on September 17th, Dr. Wm. H. Humbert.

**PEACE.**—At Annasdale, Delaware County, Pa., after a brief illness, Edward Peace, M.D., in the 69th year of his age.

**WHITE.**—In Cincinnati, Ohio, September 7th, of chronic pneumonia, Dr. John B. White, dentist, in the 33rd year of his age.

**WILSON.**—At Babylon, Long Island, September 18th, Laura T., wife of Dr. Geo. A. Wilson.

**WOLCOTT.**—At Delanco, N. J., on the 26th ult., Charles Rhaesa Wolcott, M.D.